

# REGION 2 INCIDENT NOTIFICATION REPORT

Regional Case Number: 96-0137

Reported (mm/dd/yyyy): <u>11/16/95</u>		Time (HHMM): <u>05:25</u>		Multiple Report: <input type="checkbox"/>		Regional Time (HHMM):	
Recorded By: <u>DALAM</u>		Multiple Regional Case Number:		SSI Report: <input type="checkbox"/>		CR Number:	
Through NRC: <input type="checkbox"/>		NRC Case Number: <u>313756</u>		SSR Report: <input type="checkbox"/>		CR Number:	
A. REPORTER Privacy Act		Confidentiality Requested: <input type="checkbox"/>		Reported By: <u>Michelle Bunnage</u>			
		Organization Name: <u>Congoleum Corp.</u>					
Organization (Check One)		<input type="checkbox"/> Discharger <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Federal <input type="checkbox"/> Unknown					
Address: <u>BW 3127</u>		Phone: <u>609584-3200</u> ext.					
City: <u>Mercerville</u>		County: <u>Mercer</u>		State: <u>NJ</u>		Zip: <u>08619</u>	
B. DISCHARGER		Same As A: <input checked="" type="checkbox"/>		Organization (Check One)			
		<input type="checkbox"/> Private Co. <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Federal <input type="checkbox"/> Unknown					
Discharger Name:		Phone: ( )		ext.:			
Contact Name:		2nd Phone: ( )		ext.:			
Address:		Facility ID Number:					
City:		County:		State:		Zip:	
C. INCIDENT LOCATION		Same As A: <input type="checkbox"/>		Street or Approx. Location: <u>861 Sparrow Ave</u>			
		Same As B: <input type="checkbox"/>					
City: <u>Mercerville</u>		County: <u>Mercer</u>		State: <u>NJ</u>		Zip: <u>08619</u> Milepost:	
D. DATE		Discovery Date (mm/dd/yyyy):		Spill Date (mm/dd/yyyy):		Spill Time (HHMM):	
E. MATERIAL		Material Type: (Check One)					
		<input type="checkbox"/> Unknown <input type="checkbox"/> Oil <input type="checkbox"/> Haz Sub <input type="checkbox"/> Other					
Material Name		CHRIS	CAS No.	UN DOT No.	Quantity	Units (Circle One)	Quantity In Water
1. <u>2-Butanone</u>					<u>4000</u>	<input checked="" type="radio"/> bbl <input type="radio"/> dm <input type="radio"/> unk <input type="radio"/> gal <input type="radio"/> ton <input type="radio"/> oth	<u>0</u>
2.						<input type="radio"/> bbl <input type="radio"/> dm <input type="radio"/> unk <input type="radio"/> gal <input type="radio"/> ton <input type="radio"/> oth	
3.						<input type="radio"/> bbl <input type="radio"/> dm <input type="radio"/> unk <input type="radio"/> gal <input type="radio"/> ton <input type="radio"/> oth	
F. SOURCE		Source of Spill: (Check Any)					
		<input type="checkbox"/> Highway <input type="checkbox"/> Railway <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> UST <input checked="" type="checkbox"/> Fixed Facility <input type="checkbox"/> Other <input type="checkbox"/> Air Transport <input type="checkbox"/> Vessel <input type="checkbox"/> Offshore <input type="checkbox"/> AST <input type="checkbox"/> Unknown					
Vehicle ID or Carrier No.:		Number of Tanks:		Tank Capacity:		Tank Units: (Circle One)	
						<input type="radio"/> bbl <input type="radio"/> dm <input type="radio"/> unk <input type="radio"/> gal <input type="radio"/> ton <input type="radio"/> oth	
Source Description:		<u>Underground Pn on Facility Leak.</u>					
G. MEDIUM		Medium Affected (Check Any)					
		<input type="checkbox"/> None <input checked="" type="checkbox"/> Land <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Other <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Within Facility <input type="checkbox"/> Unknown					
Waterway Affected:		<u>NONE / Sea Face</u>					
H. CAUSE		Reported Cause: (Check Any)					
		<input type="checkbox"/> Transportation Accident <input type="checkbox"/> Operational Error <input type="checkbox"/> Dumping <input type="checkbox"/> Other <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Natural Phenomenon <input type="checkbox"/> Unknown					
Cause Description:		<u>Underground Pn on Facility</u>					
I. DAMAGE		No. of Injuries: <input checked="" type="checkbox"/> None		No. of Deaths: <input checked="" type="checkbox"/> None		Property Damage >\$50,000: <input type="checkbox"/>	
J. ACTIONS		Evacuation: <input type="checkbox"/>		Response Actions Taken: <u>PRP conducting Action -</u>			
		<u>This was an ongoing incident - RO found to be excluded</u>					
K. NOTIFIED		Caller Has Notified: (Check Any)					
		<input checked="" type="checkbox"/> State/Local <input type="checkbox"/> Discharger <input type="checkbox"/> USCG <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Agency Name:							
L. COMMENTS		Comments: <u>Verification state 95-11-10 1733-57</u>					
		Additional Information (See Reverse Side) <input type="checkbox"/>					
M. RESPONSE AND EVALUATION		Response Comments: <u>See ongoing from previously described</u>					
Agency Name:		(Check One) <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Agency Name:		(Check One) <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
Agency Name:		(Check One) <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown					



INFORMATION SHOWN ON THIS FORM IS SUBJECT TO MINOR CHANGES.  
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From: National Response Center  
USCG HQ Washington, D. C.  
1-800-424-8802

To: MR DALOIA  
U. S. EPA II  
Incident Report # 313756

#### INCIDENT DESCRIPTION

\*Report taken by MST3 FINKBEINER at 15:32 on 10-NOV-95  
Incident Type: FIXED  
Incident Cause: UNKNOWN  
Affected Area: GROUND WATER  
The incident was discovered on 24-OCT-95 at 16:57 local time.  
Affected Medium: WATER

#### REPORTING PARTY

Name: MICHELLE BURROUGHS  
Organization: CONGOLEUM CORP  
Address: BOX 3127  
MERCERVILLE, NJ 08619  
CONGOLEUM CORP called for the responsible party.  
Day Phone: (609)5843000  
Type of Organization: PRIVATE ENTERPRISE

#### SUSPECTED RESPONSIBLE PARTY

Name: MICHELLE BURROUGHS  
Organization: CONGOLEUM CORP  
Address: BOX 3127  
MERCERVILLE, NJ 08619  
Day Phone: (609)5843000  
Type of Organization: PRIVATE ENTERPRISE

#### INCIDENT LOCATION

861 SLOAN AVE  
MERCERVILLE, NJ 08619  
County: MERCER

#### RELEASED MATERIAL(S)

CHRIS Code: BNP 2-BUTANONE  
Qty Released: 6000 LBS(S) Qty in Water: 4000 LBS(S)

#### SOURCE/CAUSE OF INCIDENT

UNDERGROUND PIPE FROM STORAGE TANKS/PIPE LEAKED/RQ EXCEEDENCE  
DISCOVERED TODAY

#### DAMAGE

Injuries: Fatalities: Evacuations: Damages: Air Close: Road Close:  
N N

#### REMEDIAL ACTIONS

GROUND WATER CONTAMINATED/EMERGENCY RECOVERY WELL PUT IN/2 MORE WELLS TO  
BE INSTALLED

#### NOTIFICATIONS BY CALLER

EPA: STATE: Y CG: OTHER: DESC: DEP

#### NOTIFICATIONS BY NRC

U. S. EPA II

SI  
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NOTIFICATIONS BY NRC

NJ DEP	POC: CHARLIE KRAUSS	
10-NOV-95	00:00	(609)9845536
PA EMERG MGMT AGCY	ATTN: S. VARGOT	
10-NOV-95	00:00	(717)7837393
NOAA RPTS RGN II	(1ST CLASS BB)	
10-NOV-95	00:00	(202)2672165

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ADDITIONAL INFORMATION

ATTEMPTED TO CONTACT LEPC TO NO AVAIL

\*\*\*\*\* END OF REPORT # 313756 \*\*\*\*\*